

Housing Benefit and Council Tax Support Capital Declaration form



Please fill in this form with details of all capital that you and your partner hold. Please use black ink and block capitals.

First name:

Last name:

Daytime phone number:

E-mail address:

Address:

Postcode:

Reference number:

1. Please fill in the table below listing all bank, building society and Post Office accounts held by you and your partner, and the amounts in each account, even if you do not use them.

Type of account or savings	Account number	Amount	Held by

2. Do you or your partner have any National Savings Certificates or Premium Bonds?

Yes No If 'Yes', please give details below

Name	Issue type	Amount invested	Date of issue	Held by

3. Do you or your partner have stocks or shares?

Yes No If 'Yes', please give details below

Name of company	Number of shares	Held by

4. Do you or your partner have any savings in cash?

Yes No

If 'Yes', please give details below:

Amount of cash	Held by

5. Does anyone owe you or your partner money?

Yes No

If 'Yes', please give details below:

Amount owed	Who owed to

6. Is anyone looking after any money, capital, other property, or land for you or your partner?

Yes No If 'Yes', please give details below

7. Do you or your partner own any property (other than the home you live in), land or holiday homes in the UK or abroad. This includes property and land on which there is a mortgage or loan, held in trust, or jointly held with another person?

Yes No If 'Yes', please give details below

If you are of working age and your total capital is over £5500, or you are of pensionable age and your total capital is over £9500, you must provide the last two months full statements for each account you (or your partner) hold, or an up-to-date passbook showing the current balance. Please also provide evidence of stocks, shares, bonds and certificates, if we have not already seen them.

Declaration

I declare that the information I have given is correct. I understand that if I give information that is false, I may be prosecuted.

Your signature:

Date:

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Once you have filled in this form and signed the declaration please return it to your Local Authority:

Canterbury City Council
 Benefits Service
 Military Road
 Canterbury, Kent
 CT1 1YW
www.canterbury.gov.uk

Dover District Council
 Benefits Service
 White Cliffs Business Park
 Dover, Kent
 CT16 3PJ
www.dover.gov.uk

Thanet District Council
 Benefits Service
 PO Box 9, Cecil Street
 Margate, Kent
 CT9 1XZ
www.thanet.gov.uk